



PATENT  
Attorney Docket No. 068/US/PCT/US  
00537-165002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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IN RE APPLICATION OF:  
SHALABY, Shalaby W.

APPLICATION NO.: 09/600,648

FILED: October 17, 2000

FOR: ABSORBABLE MICROPARTICLES  
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EXAMINER: NAFF, David M.  
ART UNIT: 1651

Commissioner of Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

I hereby certify under 37 CFR 1.10 that this  
correspondence is being deposited with the United  
States Postal Service as Express Mail with  
sufficient postage on the date indicated below and  
is addressed to the Commissioner of Patents, PO  
Box 1450, Alexandria, VA 22313-1450  
Date of Deposit: 10/28/2005

*Alan F. Feeney*  
Alan F. Feeney

Sir:

REPLY UNDER 37 C.F.R. §1.111

In response to the Office Action mailed on December 28,  
2004, the period for response there having been extended so as to  
expire on June 28, 2005 pursuant to Applicant's Petition for  
Extension of Time filed concurrently with this Reply, please  
amend the above-identified application as follows.

The present amendments follow the revised format procedure  
mandated by 37 C.F.R. §1.121, effective July 30, 2003.

07/06/2005 NVILLARI 00000003 500590 09600648

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# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09 600648

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		870
TOTAL CLAIMS	46 minus 20 =	26
INDEPENDENT CLAIMS	2 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	48	Minus	46 = 2
Independent	1	Minus	3 = 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
X\$ 9=		OR	X\$18=	468
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL		OR	TOTAL	1328

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	700
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	=
Independent		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

BEST AVAILABLE COPY

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	=
Independent		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.